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## CHILD SUPPORT INCOME DECLARATION

The Alto Housing Authority is required by HUD regulations to verify the income of all family members living in or applying for Low Income Public Housing (LIPH) or the Housing Choice Voucher Program (HCV). We ask your cooperation in supplying the information requested below for or by any member of your family. We will use any information you provide only to determine your family's eligibility for housing and/or rent amount, and pledge to keep the information in strict confidence.

Are you SUPPOSED to be receiving Ch	ild Support – but the other parent is n	ot currently paying? Yes \( \scale \) No \( \scale \)
Have you ever registered your Child Support case with the Texas Attorney General's Office?		
	rent is currently making payments – pleas	·
Have you ever registered your Child Sup		
	ffice here:	through an intermediary?) Yes \( \subseteq \text{No} \subseteq
Are you currently receiving Clina Suppo	on payments (either directly to you or	mough an intermediary:) Tes [ 100 [
If you ARE receiving payments, Please	estimate the dollar amount of income	you receive each month – either in actual
income or in goods or services (such as a	liapers, clothing or child care payments n	nade on your behalf) \$
If the non-custodial parent makes v	voluntary payments directly to you, list the	ir contact information below.
via the TX AG's web site. We do not release this this access, you MUST go on-line yourself or to	ENTS — PLEASE SUPPLY THE FOLLOW the TX AG's office will permit us to obtain of s information to any other party, however, if the AG's office and obtain a current print-or clusion in your case file. You can also use a	
Child #1 DOB:	*CIN#	If J /4 . 1 J 1
Child #2 DOB:	*CIN#	If you don't already know your CIN#, please contact your
Child #3 DOB:	*CIN#	Attorney General case worker and ask that they mail you a letter
Child #4 DOB:	*CIN#	
Child #5 DOB:	*CIN#	the letter.
Name and address of person or persons p	paying VOLUNTARY child support p	payments directly to you:
1	<u> </u>	
APPLICANT / Resident / Program Partic	cipant's Release Statement	
I	hereby DECLARE that the inform	nation listed by me above is true and complete to
		information about my child support income to
		derally-assisted low-income housing program.
-		
Signature	Date	



## Verification of Child Support Income / Verificación de Ingresos de Manutención de Niños

Date / Fecha:	Recipient / Beneficiario:	
Name and Address of Requesting Authority / Nombre y dirección de Autoridad Solicitante:	SSN: / Número de Seguro Social:	
	Payor / Pagador:	
Requesting Authority Agent Name / Nombre de Agente de Autoridad Solicitante:	Name of Child(ren) / Nombre de Niño(s) :	
Telephone and fax number / Número de teléfono y fax:		
form to the above named requesting Por la presente autorizo la revelacio	child support income information requested on this verification authority. ón de toda la información sobre los ingresos de manutención de niños, rificación, a la autoridad solicitante nombrada arriba.	
Applicant's Signature / Firma del Solicitante	Date / Fecha	

WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code § 559 gives you the right to review and request correction of information on this form.

AVISO: La Sección 1001 del Título 18 del código de los Estados Unidos establece como un delito penal el hacer declaraciones falsas o distorsiones intencionales a cualquier departamento o agencia de los Estados Unidos con respecto a asuntos dentro de su jurisdicción. El Código Gubernamental de Texas § 559 le proporciona a usted el derecho de revisar y solicitar la corrección de información en este formulario.